Ste	te of California—Health and Welfare Agency se print or type. (Form designed for use on elite (18 pitch) (year law.)		(Gas)	ion de la lace
A	UNE ORM HAZARDOUS LONGINGUE EAC	Dominical Dominical	No. 18 P.: requ	na in Steam
	WASTE MANIFEST WIDOW 24			
	12504 WHITH IET BL WHITE &	* anin'		
	i. Generator's Phone (213) 698-0991	the contract of the contract o		
	5. Transporter 1 Company Name	DOLL SALES		
	OMESA CHEMICAL OF CAL 7. Transported 2 Company Name	US EPA ID Number		
	She Address 10	US EPA ID Number		
	9. Designated Facility Name and Site Address OMESA LINEMICAL FORP		Carpersia	
	12509 MATTIET DE	Do:402450	A BERTHANK	
	11. US DOT Description (Including Proper Shipp) : Hame, Hazard Chas.	112	Containers Total Unit	
		THE PERSON OF TH	ig Tipe Quentity (WING	
G	· WASTE MErcury	ound		
E	Solld N.V.5 Hison	TUDOTA FA	oil DHOUHSIO P	
Ā	b.			
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	c.			
	d.			
	u .			
	J. Additional Descriptions for Materials Listed Above	<u> </u>		
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	10 All 10 Al			
	15. Special Handling Instructions and Additional Information			
3				
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of proper shipping name and are classified, packed, marked, and labeled the contents of the	this consignment are fully ar	nd accurately described above by proper condition for transport by high	iway
	proper shipping name and are classified, patient, in according to applicable international and national government regula	itions.		Jantion cartification
	under Section 3002(b) of north, rando cottag that and I have select	ted the method of treatment	olume and toxicity of waste generally systematic currently sys	ileble to me which
	minimizes the present and future threat to human health and the em Printed/Typed Name	dronment. Signature /	I I A A	Month Day Year
N	I ISAAC Woods UY	MADOR	Words /	101813161816
		Signature		Month Day Year
	ISAAC Woods UT	VIXOOS	Novelle	082626
		Signature		Month Day Year
		<u> L</u>		
T.	19. Discrepancy Indication Space			· ·
	₩			1
	20. Facility Owner or Operator: Certification of receipt of hazardous	materials covered by was m	anifest except as noted in item 19.	Month Day Year
1	Printed/Typed Name	Signature	2	Month Day Year
- 1	FRANK FORD			